

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9902</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Michael</u> <u>T</u> <u>Afuso</u> P O Box Bldg Room No if any <u>Room 401</u> Street <u>1405 N King St</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u>	4 Name file number and address of labor organization Name <u>Sheet Metal Workers AFL-CIO Local Union 293</u> Labor Organization File Number <u>038-672</u> P O Box Building and Room Number if any <u>Room 401</u> Street <u>1405 N King St</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u>
5 Position in labor organization <u>EXECUTIVE BOARD</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name, if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	7 a Nature of Interest, Transaction or Income <input style="width: 95%; height: 100px;" type="text"/> <hr/> 7 b Amount. <div style="text-align: right; margin-right: 20px;"> <input style="width: 150px;" type="text"/> \$0 </div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)

Signed

On

8/11/2005

808-841-5078

Date: _____

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Hawaii Sheet Metal Workers

Trade Name if any Hawaii Sheet Metal Workers JATC

P O Box Bldg Room No If any Room 403

Street 1405 N King St

City Honolulu

State Hawaii ZIP Code + 4 96817

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Hawaii Sheet Metal Workers

Trade Name if any Hawaii Sheet Metal Workers JATC

P O Box, Bldg. Room No. if any Room 403

Street 1405 N KING St

City Honolulu

State Hawaii ZIP Code + 4 96817

11 a Nature of such dealing

Board Member of the Hawaii Sheet Metal Workers JATC

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

7 dinners in conjunction with JATC meetings
Attendance at conference including air fare hotel
daily expenses

12 b Amount

\$3 759

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.